



General Assembly

Substitute Bill No. 559

January Session, 2001

***AN ACT AUTHORIZING THE IMPLEMENTATION OF PRIMARY CARE
CASE MANAGEMENT BY THE DEPARTMENT OF SOCIAL SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 (NEW) (a) For purposes of this section, "primary care case
2 management" means a system of care in which the health care services
3 for beneficiaries is coordinated by a primary care provider assigned to
4 the beneficiary. Primary care case management does not include
5 capitation for medical services. Primary care providers shall provide
6 beneficiaries with primary care medical services and make referrals to
7 specialty care as necessary. Such providers shall be reimbursed by the
8 state for medical services provided and for health care coordination
9 services. The Commissioner of Social Services shall adopt regulations,
10 in accordance with the provisions of chapter 54 of the general statutes,
11 to define the term "primary care provider".

12 (b) Notwithstanding any provision of chapter 319v of the general
13 statutes, the Department of Social Services may implement a pilot
14 program of primary care case management to provide medical
15 assistance to beneficiaries eligible under sections 17b-257, 17b-261 and
16 17b-289 to 17b-303, inclusive, of the general statutes.

17 (c) The department may enter into contracts for medical services
18 and program management to implement the provisions of this section.
19 The department shall not purchase services to operate the pilot

20 program from a managed care plan. Such pilot program shall allow
21 beneficiaries an option to apply to the department for a waiver of the
22 primary care provider designation on an individual basis. Such
23 program shall include effective training and education regarding the
24 program for health care providers and beneficiaries. Such program
25 shall also include comprehensive training for all entities providing
26 outreach and enrollment services to ensure that applicants are fully
27 informed of all options available. Participation by beneficiaries in the
28 pilot program shall be voluntary.

29 (d) The department shall ensure coordination between the pilot
30 program and other medical services provided to beneficiaries,
31 particularly behavioral health and dental services.

32 (e) The department shall conduct comprehensive, independent and
33 regular evaluations of program costs, beneficiary satisfaction, health
34 care provider satisfaction, access to health care, appropriate service
35 utilization, health outcomes and administrative burdens to health care
36 providers, beneficiaries and the state of the pilot program.

37 (f) The commissioner may seek a waiver from federal law as
38 necessary to implement the pilot program.

39 (g) The Commissioner of Social Services shall develop a plan to
40 involve the public and health care providers in the design and
41 implementation of the pilot program, particularly information
42 technology design. Such plan shall include the opportunity to submit
43 written comments and broad distribution of information and
44 opportunities to the public, beneficiaries, health care providers,
45 consumer advocacy groups and other organizations involved in health
46 care.

47 (h) The department shall submit a report on a regular basis to the
48 Medicaid Managed Care Council on its progress in planning and
49 implementing the pilot program.

Statement of Legislative Commissioners:

The provisions in subsection (a) were reorganized for clarity.

HS *Joint Favorable Subst.-LCO*